

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F51499

**Entity Name:** ALLERGY & ASTHMA CARE CENTRE, P.A.

**Current Principal Place of Business:**

4017 DEL PRADO BLVD.  
CAPE CORAL, FL 33904-7160

**Current Mailing Address:**

4017 DEL PRADO BLVD.  
CAPE CORAL, FL 33904-7160 US

**FEI Number:** 59-2122100

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAX & FINANCIAL STRATEGISTS, LLC  
28089 VANDERBILT ROAD  
SUITE 201  
BONITA SPRINGS, FL 34134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTILLO, LAZARO L  
Address        4017 DEL PRADO BLVD.  
City-State-Zip: CAPE CORAL FL 33904-7160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** LAZARO CASTILLO

**PRESIDENT**

**02/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date